

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/569157

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		2		2		
4		2		2		
5		2		2		
6		2		2		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		2		2		
12		2		2		
13		2		2		
14		2		2		
15		2		2		
16		2		2		
17		2		2		
18		1		1		
19		2		2		
20		2		2		
21		2		2		
22	1		1			
23	1		1			
24	1		1			
25	1		1			
26		4		4		
27		4		4		
28		4		4		
29		4		4		
30		3		3		
31		4		4		
32		4		4		
33		4		4		
34		4		4		
35	1					
36	1					
37	1					
38	1					
39	2					
40	2					
41	2					
42	2					
43	2					
44	2					
45	2					
46	2					
47	2					
48						
49						
50						
TOTAL IND.	↓		6	↓		↓
TOTAL DEP.	←	67	←		←	
TOTAL CLAIMS		73				

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						